

**Commonwealth of Kentucky**  
**Office of Insurance - Agent Licensing Division**  
**P. O. Box 517 - Frankfort, Ky. 40602**  
**502-564-6004   <http://doi.ppr.ky.gov/kentucky/>**

**FINANCIAL RESPONSIBILITY ASSUMPTION**  
**FOR NAMED AGENTS' LEGAL LIABILITY**  
**(Form 99-6)**

This form is available only to authorized insurers. If you are an authorized insurer representative, please send your written request for this form to:

Kentucky Office of Insurance  
Agent Licensing Division  
Attn: Financial Responsibility  
P. O. Box 517  
Frankfort, KY 40602

Or you may submit your written request via e-mail to:  
[KOIAgentLicensingMail@ky.gov](mailto:KOIAgentLicensingMail@ky.gov)

The Assumption of Legal Liability for NAMED appointed licensees form may be used to satisfy financial responsibility requirements for resident agents, as required by KRS 304.9-105. This form is used by insurers to assume minimum statutory limits as prescribed in Kentucky Revised Statutes, for each named agent for any single occurrence for the legal liability of each agent on his or her behalf as a result of the agent's erroneous act or failure to act in his or her capacity as an insurance agent on behalf of the Insurer or any member of its affiliated group of insurers. This agreement is for the benefit of any persons aggrieved by the errors and omission of the agent under his or her Kentucky license.

This agreement shall remain in effect for each agent licensed by the Kentucky Office of Insurance and appointed by the Insurer or any member of its affiliated group of insurers until the agent surrenders his or her license to the Executive Director, Office of Insurance, until the appointment of the agent is terminated in accordance with KRS 304.9-280, or until this agreement is terminated upon thirty (30) days prior written notice by the Insurer to the Executive Director and to the named agents. Notice of termination of this agreement shall be given by sending completed Form 99-5 (available on the Office Web site) to the Office of Insurance and by mailing a copy to the agent at the agent's last address known to the Insurer. Notice to the Executive Director shall be deemed to have been given on the date the Office of Insurance receives completed Form 99-5.

Please visit our Web site at <http://doi.ppr.ky.gov/kentucky/> to confirm that the Office of Insurance has received your Form 99-6 and entered it into the Office records for each of the named agents.